UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/BOL/2
9 February 1998

ORIGINAL: ENGLISH

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Bolivia

Proposed UNFPA assistance:	$12 million, $8.5 million from regular resources and $3.5 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1998-2002)
Cycle of assistance:	Second
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	6.9	3.2	10.1
Population & development strategies	1.0	0.3	1.3
Programme coordination & assistance	0.6	-	0.6
Total	8.5	3.5	12.0

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BOLIVIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	55.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	30.0	≥55
Access to basic health services (%)[3]	67.0	≥60
Infant mortality rate (/1000)[4]	75.0	≤50
Maternal mortality rate (/100,000)[5]	600.0	≤100
Gross female enrolment rate at primary level (%)[6]	85.7	≥75
Adult female literacy rate(%)[7]	70.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	7,414
Population in year 2000 (000)	8,329
Sex ratio (/100 females)	98.6
Per cent urban	61
Age distribution (%)	
Ages 0-14	40.6
Youth (15-24)	19.9
Ages 60+	6.0
Percentage of women aged 15-49	48.0
Median age (years)	19.5
Population density (/sq. km.)	7
Annual population growth rate (%)	2.33
Urban	3.70
Rural	.01
Crude birth rate (/1000)	33.2
Crude death rate (/1000)	9.1
Net migration rate (/1000)	-0.9
Total fertility rate (/woman)	4.36
Life expectancy at birth (years)	
Males	59.8
Females	63.2
Both sexes	61.5
GNP per capita (U.S. dollars, 1994)	770

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance over the period 1998-2002 to assist the Government of Bolivia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $12.0 million, of which $8.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's second cycle of assistance to Bolivia and its start and duration are harmonized with the Government's term in office, as well as with the programme cycles of UNDP and UNICEF and of the United States Agency for International Development (USAID), which is the most important bilateral donor in the area of population in Bolivia.

2. The proposed programme was developed in cooperation with the Government on the basis of a Programme Review and Strategy Development (PRSD) process in 1995 and 1996 and of an update mission conducted in May 1997. It reflects national priorities and programmes in the area of population and development, especially as they relate to gender equality, reproductive health and rights, the empowerment of indigenous peoples and youth issues, all of which are core elements of the Government's development efforts. The new Government, which took office in August of 1997, has reiterated its commitment to sexual and reproductive health and rights and to improving established national reproductive health programmes.

3. In support of the Government's poverty alleviation efforts, and in consonance with the Country Strategy Note, the overall goal of the proposed programme is to reduce maternal mortality and improve the reproductive health and well-being of the Bolivian people. Specifically, the programme seeks to promote the increased exercise of sexual and reproductive rights, which is expected to lead to reduced maternal mortality. It will also contribute to the increased integration of population dimensions and issues into the country's planning processes at all levels. In the context of Bolivia's ongoing process of decentralization, UNFPA assistance will focus on strengthening capacities at both the central and decentralized levels. Advocacy and gender issues will cut across all programme components.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Bolivia is one of the poorest countries of the Western Hemisphere, with a per capita gross national product (GNP) of $770 in 1994 that was far below the level achieved in 1980. Income distribution is sharply skewed, with the top 10 per cent of the population receiving 36.6 per cent of GNP. Three-quarters of Bolivians have a standard of living under the poverty level, and one-third live in extreme poverty. The population is multi-ethnic and plurilingual, with an estimated 74.4 per cent of the population belonging to indigenous ethnic groups. Although classified as a "B" country under UNFPA's new resource allocation system, it is very close to being a category "A" country.

6. There are severe gender inequalities in Bolivia, and the level of gender-related violence is high and persistent. Only half of rural women are literate, and one-quarter have received no education whatsoever. Maternal mortality is the second highest among Latin America countries, and there are various departments of the country where it is considerably higher than the national average. Nationally, 45 per cent of births are not attended by trained medical personnel, and this rate is much higher in rural areas. High maternal mortality levels also persist for various other reasons, including difficult terrain and access and, especially, sociocultural barriers and insufficient adaptation of services to the perspectives and needs of indigenous women. Unwanted pregnancies are estimated to be high, especially among adolescents 15 to 19 years of age, who account for 13 per cent of total births. Unsafe abortions are estimated to cause 25-35 per cent of all maternal deaths. About 30 per cent of all hospital beds for gynaecological and obstetric care are occupied by patients suffering complications of unsafe abortions.

7. Since 1993, Bolivia has been carrying out a number of far-reaching reforms, including adoption of laws on administrative decentralization and popular participation that increase the decision-making and resource-allocating powers of the country's nine departments and 311 municipalities. These reforms provide historically marginalized populations (particularly indigenous groups and peasants) with valuable opportunities to influence and participate in decision-making processes. Gender issues in Bolivia have received increased attention and political support since the early 1990s with the passing and incipient implementation of the Law on Violence Against Women (1995) and the increase in rank of the former gender secretariat to the vice-ministerial level by the new Government.

8. In 1994, the Bolivian Government launched its "Plan Vida", within the context of the National Sexual and Reproductive Health Strategy, with the aim of reducing maternal mortality. In 1996, a maternal and child insurance scheme was launched to provide free universal coverage for all pregnant women and children under five with the aim of dramatically reducing maternal and infant mortality throughout the country. It continues to be a central feature of the new Government's commitment and, consequently, the focus of UNFPA's efforts under the proposed programme.

Previous UNFPA assistance and lessons learned

9. UNFPA's first country programme (1991-1997) had as its main objectives assisting the Government in its efforts to reduce maternal and infant mortality and morbidity and to bring down the adolescent pregnancy rate as well as to improve national capacities to plan and implement population policies and programmes. The original programme (1991-1995) was extended twice, through 1997; total expenditures amounted to $12.7 million out of a total allocation of $13.9 million. Overall, UNFPA played an important role in bringing population and development issues to the foreground of discussion in Bolivian society, particularly in the context of the preparation of the important Bolivian contributions to the ICPD and the Fourth World Conference on Women.

10. It should be noted that at the beginning of the previous programme, awareness of sexual and reproductive health concerns was very low in Bolivia and family planning was a highly sensitive and politically-charged issue. UNFPA assistance made a valuable contribution to the acceptance and implementation of a reproductive health approach through its strategic support to the National Health Secretariat and to the National Sexual and Reproductive Health Strategy. UNFPA also made an important contribution to expanding contraceptive choice, resulting in the present availability of injectables, as well as to improving the quality of services by strengthening sociocultural and gender components in the training of health providers. The past programme contributed to incorporating sex education as a cross-cutting theme in the education reform and to consolidating an important resource of sensitized and trained decision-makers, professionals and grass-roots organizations committed to population, gender and reproductive health issues, and these individuals and organizations now provide the country with increasing capacities on which to build.

11. UNFPA's support has been strategic in opening up policy dialogue on sexual and reproductive rights and for population and development issues in general, and the Fund is well positioned to continue this support. The ICPD and the Fourth World Conference on Women have served as powerful vehicles for raising awareness and orienting national efforts, both from the Government and from civil society, and have contributed to capacity-building in the area of advocacy among women's organizations. The information base on population and development to which UNFPA has contributed has helped to meet the need for information that exists in the country and has facilitated advocacy activities regarding population and development concerns.

12. The issue of sociocultural barriers has proved to be of primary importance in efforts to improve the quality of the sexual and reproductive health services that are being provided. Pilot experiences that aimed to incorporate indigenous perspectives in reproductive health activities and to utilize innovative approaches to adolescents have been very helpful in identifying strategic lines of action for future UNFPA assistance. The impact of the previous programme could have been greater if integration and coordination between support for reproductive health services and

information, education and communication (IEC) activities had been tighter and if UNFPA's counterparts, especially NGOs, had been selected with more regard for their capacity and sustainability.

Other external assistance

13. Bolivia receives a high volume of development assistance, but around 40 per cent is used for debt servicing, and, until recently, the social sector has benefited from only a very small part of the remainder. In the area of population, UNFPA is among the smallest donors in financial terms, but it is recognized by the Government as a key facilitator for dialogue on issues that have historically been too sensitive to broach. The Inter-American Development Bank (IDB), the World Bank and several bilateral donors have contributed heavily to the reform processes taking place in the country, particularly those concerning the health and education sectors. UNICEF supports activities related to safe motherhood, including support for the maternal and child insurance scheme.

14. USAID is the most important bilateral donor in the area of sexual and reproductive health. It has emphasized support to the National Health Fund (which covers insured employees) and programmes executed by national and international NGOs. Other important bilateral donors are the United Kingdom, which finances several government- and NGO-executed sexual and reproductive health projects, and procures contraceptives, partly through UNFPA; the Netherlands, which provides support for the educational reform, the Vice-Ministry on Gender Affairs and a comprehensive health programme in the city of El Alto that includes a strong sexual and reproductive health component; Germany, which supports a sexual and reproductive health programme in the department of Cochabamba and executes a project to prevent sexually transmitted diseases (STDs), including HIV/AIDS, funded by the European Union; and Sweden, which together with the Netherlands, is the major donor to the Vice-Ministry on Gender Affairs.

Proposed programme

15. In support of the Government's poverty alleviation and grass-roots empowerment efforts, the overall goal of the proposed programme is to contribute to improved sexual and reproductive health and well-being, particularly as regards poor indigenous women and adolescents. Through two focused subprogrammes, one in the area of sexual and reproductive health and the other in the area of population and development strategies, UNFPA expects to make a particular contribution to reductions in maternal mortality in support of the Government's targets (a 50 per cent reduction from the 1995 levels by 2002). The programme will also strengthen capacities in the area of integrated population and development strategies that mainstream gender concerns. The programme would also contribute, through participation in joint advocacy efforts with other United Nations agencies and partners, to reduced gender inequalities and to increasing awareness of social sector needs.

16. Specifically, the proposed programme seeks to contribute to an increased exercise of sexual and reproductive rights by women, men and adolescents, which is expected to lead to reductions in maternal mortality, *inter alia*, by reducing unwanted pregnancies and abortions, through improvements in the quality of reproductive health education and services. It also aims to increase integration of population issues into decision-making on development policies, programmes and resource allocations. The subprogrammes would support strategic policy-oriented components at the central level but would place particular emphasis on building capacities at the decentralized levels, with special attention paid to the strengthening of national execution and of sustainability. Gender and sociocultural considerations would be mainstreamed throughout programme activities, including highlighting male responsibilities and indigenous perspectives, building on pilot experiences successfully undertaken under the previous programme. Particular care will be taken to ensure a programme approach through the integration and coordination of activities, both within and across the two subprogrammes.

17. UNFPA's strategy under the proposed programme would centre on coordination and complementarity with existing efforts and donors. The selection of municipalities for inclusion in the proposed programme was undertaken with full consideration of the activities supported by the other principal donors, including USAID, to avoid duplication and to ensure nationwide coverage of donor support. Activities would largely be centred in the marginal peri-urban areas of the capitals of the nine departments, where almost half of the poor live, as well as in other municipalities consistent with such criteria as poverty, population density, unmet sexual and reproductive health needs, and the number of women of reproductive age. In addition, the municipalities were selected based on factors such as complementarity and expected synergy with other programme and donor interventions as well as on capacity built during the previous UNFPA programme.

18. UNFPA will rely on its comparative advantages to build on and complement existing efforts. These centre on its credibility and trust among policy-making circles; its proven record in piloting successful initiatives addressing sociocultural perspectives in services and education; its advocacy role in gender and reproductive rights issues; and the effective approaches it launched to reach adolescents under the past programme, an age group that is underserved where sexual andreproductive health is concerned. In line with this strategy, UNFPA would coordinate with partners, such as UNICEF, which also have programmes in place in the chosen municipalities. With the Netherlands and Sweden, UNFPA expects to provide complementary support for the Vice-Ministry on Gender Affairs as well as for the training of health-care providers.

19. Reproductive health. To support the increased exercise of sexual and reproductive rights, the subprogramme in the area of sexual and reproductive health would aim to: (a) improve sexual and reproductive health education; (b) improve access to quality sexual and reproductive health services; and (c) increase and consolidate political and community commitment to sexual and

reproductive rights and gender equality and equity. The subprogramme would emphasize the needs of adolescents and lowland indigenous populations, especially poor women of reproductive age. This subprogramme would be implemented in 65 municipalities, where the bulk of assistance would be directed. It would also support strategically-selected components related to policy, programming and advocacy at the central level.

20. To improve access to quality sexual and reproductive health services, the programme would continue support to the Ministry of Health's maternal and child insurance scheme and to indigenous organizations, focusing on making services user-oriented and sensitive to gender and cultural perspectives. This would be achieved by IEC activities and training health-care providers. Such training would include development of counseling and interpersonal communication skills that take into account sociocultural barriers and violence, as well as on management and selected technical skills. The subprogramme would also provide basic reproductive health care equipment to primary-level service delivery points. It is expected that by the end of the programme, maternal health coverage, client satisfaction and reproductive choice will all have been expanded. This would include, importantly, the institutionalization of sexual and reproductive health services and IEC into the agendas of organizations providing services to the indigenous population.

21. In addition, advocacy and technical assistance would be aimed at expanding the coverage of the maternal and child insurance scheme to include family planning. With regard to expanding differentiated services for adolescents, the programme would continue supporting successful pilot activities and, to the extent multi-bilateral funds become available, the development of multisectoral, integrated programmes to provide additional service delivery points. Advocacy and technical assistance would be provided to help incorporate sexual and reproductive health issues into the youth policy that is being promoted by the Vice-Ministry on Gender Affairs.

22. In the area of sexual and reproductive health education, the programme would continue to support, in partnership with the Ministry of Education, curricular development, implementation and training on the sex education and gender components of the Educational Reform Law, both in the formal and non-formal areas. In the non-formal area, UNFPA would support the incorporation of these issues in the 'alternative' education programmes of state institutions and relevant NGOs that are aimed at both adults and out-of-school youth. Innovative approaches, such as the use of the entertainment media and places where adolescents gather, would be used to reach this priority group.

23. UNFPA would seek close cooperation with indigenous organizations and with Population Communication Services of Johns Hopkins University for the programme's support to the National IEC Strategies for Sexual and Reproductive Health in Urban and Rural Areas, with particular attention to the responsibilities of men and the prevention of violence against women. The programme would support demonstrative activities in integrated sexual and reproductive health

education linked to services at decentralized levels, building on successful pilot experiences, in collaboration with specialized NGOs and indigenous organizations.

24. The responsibilities of men regarding their sexual and reproductive behaviour, including topics such as gender-based violence, STDs, family planning and responsible parenthood, would be explicitly included in education and communication messages. Men would also be targeted through organizations such as labour unions and the "Health Watch" programme of the army, for which UNFPA supported training activities under the previous programme. Advocacy activities, particularly focused on violence, male participation and adolescent needs, would be supported to reinforce messages through mass and alternative media.

25. To promote increased political and community commitment to sexual and reproductive rights and gender equality, the programme would support the implementation of an advocacy strategy, differentiated for centralized and decentralized levels and for urban and rural areas. It would aim to consolidate and increase the existing levels of awareness and commitment regarding sexual and reproductive rights and gender equality and to promote the increased assumption by men of their responsibilities in these areas as well as increases in resource allocations to reproductive health at both administrative levels. The main audiences would be parliamentarians, the press, key decision makers, the new regional and local government authorities, and the civil society organizations that have been assigned responsibilities for decision-making and resource allocation. The Vice-Ministry on Gender Affairs, women's and other NGOs, and the media networks that UNFPA has supported will be key partners in these efforts.

26. Population and development strategies. The subprogramme in the area of population and development strategies would aim to strengthen the country's awareness of, and capacity for, the integration of population dimensions in decision-making processes at central and decentralized levels. It would be implemented in 98 municipalities, 65 of which overlap with those under the reproductive health subprogramme.

27. To strengthen technical capacities, the programme would support training for the decentralized Committees for Health Information Analysis and would provide technical assistance at critical points of the 2000 census and the 2002 demographic and health survey to ensure the inclusion, *inter alia*, of reproductive health, sociocultural and gender considerations. The subprogramme would also provide support for training in population software and for the introduction of new technologies and applications, in addition to *ad hoc* operational research. The main counterparts for these activities would include the Ministry of Sustainable Development and departmental and municipal authorities. Through these efforts, the programme expects to increase the availability, analysis and utilization of basic demographic and reproductive health data. To raise awareness of the importance of the interrelationships between population and development, in

particular for local-level decision makers, the programme would support an advocacy strategy focused on gender and reproductive health factors and would facilitate the establishment of a network among those trained in population and development issues in order to increase their influence in decision-making processes.

28. Implementation, monitoring, evaluation and coordination. The proposed programme will be largely nationally executed, and, to an important extent, implementation will be decentralized to the departmental and municipal levels. The primary source of technical assistance for the UNFPA programme would be the Country Support Team for Latin America and the Caribbean. Partnerships with civil society organizations will be sought, making use of their particular strengths. The two subprogrammes will be interlinked, including through a built-in Programme Management Committee comprised of programme-wide counterparts and other donors, that will be charged with providing strategic guidance, coordination and monitoring. Advocacy activities will be integrated in both subprogrammes, and gender concerns will be cross-cutting.

29. Special efforts will be made on fostering joint activities with other entities of the United Nations system. Key existing coordination platforms in which UNFPA already actively participates will further ensure coordination, including the Committee for the National Sexual and Reproductive Health Strategy and its four subcommittees, the National Committee for Safe Motherhood, the UNAIDS Thematic Group, the Committee for the Formulation of Policies on Youth, and the Interagency Committee on Gender. A mid-term review of the programme, including both subprogrammes, would be conducted in the first semester of the year 2000. Monitoring and evaluation of the programme will utilize the baseline data being collected with UNFPA assistance.

30. In line with PRSD recommendations, and to guarantee coordination as well as an adequate level of technical support and transfer of substantive knowledge and project management skills to national counterparts, particularly at the local level, UNFPA support would include funding for three programme support staff in the areas of sexual and reproductive health and IEC; advocacy for sexual and reproductive health and gender concerns; and population and development strategies. The field office staffing table consists of eight regular posts: Representative, deputy representative, assistant representative, finance assistant, programme/administrative assistant, two secretaries and a driver/messenger.

31. Regular resource allocations within subprogrammes are estimated as follows: for the subprogramme on sexual and reproductive health, $1.2 million for advocacy, $4.2 million for support to services, $1.5 million for IEC; for the subprogramme on population and development, $200,000 for advocacy and $800,000 for training and technical assistance. Multi-bilateral resources, now being negotiated, would, if they are obtained, be earmarked for provision of additional

adolescent services and increasing the number of health providers trained, including strengthened components on violence detection and referral.

Recommendation

32. The Executive Director recommends that the Executive Board approve the programme of assistance for Bolivia as presented, in the amount of $12.0 million over the period 1998-2002, $8.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $3.5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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